

HCBS Transition

Stakeholder Advisory Group Meeting

March 25, 2016

April 12, 2016

Welcome Back!



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Meeting Agenda

- ⊗ Brief Demonstration of Survey Questions
- ⊗ Work Group Sessions to Review Survey Questions
& Survey Template
- ⊗ Report Out from Work Groups
- ⊗ Brief Look at Upcoming Meeting



- ▶ Welcome back everyone and thank you again for participating and lending your expertise. We have a lot to accomplish today and I hope it will be productive for all of us.
- ▶ You are in smaller work groups with a facilitator from Muskie in each group, along with some providers, consumers, advocates, and state staff.
- ▶ The goals of the small work groups are to review some of the provider survey questions, review the mechanics of the survey instrument, and then if there is time, to take a look at the instruction manual template. Everything is still under development, so this is a great time to obtain your input.
- ▶ Your facilitators have an agenda of items to discuss with you, but they will also keep a list of questions that come up – some of which we might be able to answer later in the meeting, but the remainder will be put into a Q&A document that will be posted on the OADS website.
- ▶ Your work group discussions about the provider survey will be aided by my doing a brief demonstration of how the proposed survey will work
- ▶ I have done a draft answer for Question #1 of the survey with both a compliant response and a non-compliant answer.
- ▶ After my presentation, we will then work in our groups for an hour and then we will take a ½ hour to report out from the groups. For the last few minutes of the meeting, we will talk briefly about the agenda for the next meeting in two weeks.
- ▶ I am going to talk very fast here for 15 or so minutes so that we can preserve a full hour for the work groups. Copies of these slides are in your handout.

Reminder about Meeting Ground Rules

- We will begin and end on time
- We will work very hard to adhere to the times in the agenda
- Please turn off your cell phones, or put them on vibrate
- It's okay to move around when you need to
- If you have questions, please raise your hand at any time
- Everyone is encouraged to participate
- For any discussion part of the meeting:
 - One person talks at a time without interruption
 - All ideas are held up for consideration, reflection, and inquiry
 - All participants are treated respectfully



Quick reminder about the meeting rules and putting your phones on vibrate.

Let me say that in these work groups, all ideas are welcome. A lot of thought has gone into the survey design and questions AND they can be improved. We all must remain open-minded.

HCBS e-mail Address
changed to

HCBS.DHHS@maine.gov

OADS Website

<http://www.maine.gov/dhhs/oads/trainings-resources/initiatives/hcbs-regulations.html>



- ▶ Please note that the OADS HCBS email address has changed.
- ▶ OADS is trying to get a re-routing from HCBS@maine.gov
- ▶ Please pass along the email address; we are hoping it will be a resource that all stakeholders can use for getting and giving information
- ▶ Another reminder that materials from these meetings are posted on the OADS website. This link is on the agenda and it was on the email that was sent by OADS this past Monday.

Disclaimers



- ▶ Before we look at the survey demo, I have a couple of disclaimers:
- ▶ In this demo I am using my own draft responses to the survey based on policies and practices from my previous employer which was a private pay res care setting, where I worked as the Administrator. All the people served in that setting were frail elders, so the circumstances are not exactly comparable, but they are close.
- ▶ I kept in mind the larger themes of resident choice, opportunity, community integration, and community access.
- ▶ My responses have been 'reviewed' by the OADS staff, but not officially "approved";

A Few Basic Principles

- 🌻 Provider Uniqueness – **Settings are different**
- 🌻 Accountability – **Evidence-based responses**
- 🌻 Depth – **Meaningful responses**
- 🌻 Compliance analytics – **Data collection**
- 🌻 Manageable Evaluation – **Some limits**



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- ▶ It is also important to keep in mind some of the “guiding principles” that shaped the proposed survey approach. \
- ▶ **Uniqueness** (and some autonomy)- There needs to be recognition that providers are different from one another; their policies and practices are varied, the populations you serve are different, and yet a single survey approach has to accommodate these differences. There must be an opportunity to explain a setting’s situation and plans for compliance without being overly prescriptive.
- ▶ **Accountability** - Autonomy is good, but there also needs to be accompanying accountability. The survey had to be evidence based so that DHHS could be accountable to consumers and ultimately to CMS. If providers believe they are compliant with some or all of the federal standards, they do have to demonstrate this with evidence.
- ▶ **Depth** - There must be some depth to the responses. The survey must require some meaningful reflection and analysis of setting practices. Yes, this means that filling out the survey will take some time...AND...that time will be well spent in preparation for full compliance.
- ▶ **Analytics** - The survey must drive a data analytic process. Even though some narrative responses are required which means that in the survey evaluation process there must be human eyes on the responses, with over 2,000 settings to evaluate, some of the evaluation process has to be electronic. The parts of the survey that are Yes/No will populate a sampling frame which will, in turn, help drive DHHS’ decisions about on-site surveys.
- ▶ **Evaluation** – The survey, while comprehensive, has to be somewhat limited so that DHHS can evaluate all of the responses within a reasonable timeframe. There are proposed limits on the number of document uploads and some difficult choices have to be made about survey content. The goal was to strike a balance between narrative, open-ended responses and those that required just a check-box.
- ▶ And if you remember from our previous meeting in February – this provider self-assessment is just one part of the entire compliance verification process; the state will also be conducting participant experience surveys and on-site surveys to gain a full compliance picture for reporting back to CMS. There is a lot of evaluation work to do in the upcoming months and it has to be effective, yet manageable.
- ▶ **Please also REMEMBER:** you are answering as a provider. Your responses should not reflect what YOU providers think the individuals that you serve are experiencing. For instance, even if you believe that individuals think they have enough access to community events and services, that does not mean that you are compliant. Many of the participants will be surveyed independently as part of the compliance verification process.

Reminders

- 🌸 The language in the numbered questions on the survey comes directly from the regulations
- 🌸 The wording of the “exploratory” questions are to get providers thinking about daily life in their setting
- 🌸 Becoming compliant can take place over time



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- ▶ If you take a look at the survey questions in your handout, you will see at the top “Federal Standard” and then “Question #” in bold. (it is the 10th page of your handout)
- ▶ The first couple of questions on isolated settings have a letter, but the remaining questions in bold font have a number.
- ▶ The language in those numbered questions reflect the language of the federal regulation. I understand that some of that wording is difficult to digest — but we thought it important to not stray too far from the actual federal regulations. Definitions will be provided in the instruction manual for most of those terms.
- ▶ The questions under the heading “Questions to help you think through whether are not you are compliant” are exactly that – questions to help you decide whether to answer compliant or not compliant. Some of those questions reflect actual standards in the regulations and some reflect what evidence you might have to provide to support compliance – now or in your plan of compliance.
- ▶ I know that providers will want something concrete and tangible – “what do I need to do?” But sometimes it is easier to know when a standard has been violated, than to be able to articulate what isn’t in violation.
- ▶ The vagueness and uncertainty in regulations can be frustrating, but remember that even now there is uncertainty in the regulatory process; we providers do not always know how the state is going to interpret the regulations when they arrive at our organizations. Our facility staff used to get ready for survey by sitting down and going through the regulations one by one; one year we realized we had an obligation to “Provide a safe environment which supports residents’ rights and aging in place”. That standard is very much like the ones in the federal regulations – very broad, very much “not concrete”, but still a very important standard to recognize and enforce in those situations where it is clearly violated. And I’m pretty sure Phyllis Powell and her folks in licensing might say that how they recognize and enforce that standard has evolved over time through continuing dialogue with consumers, providers, advocates, and state staff.
- ▶ And so it will be with HCBS.
- ▶ Many of these standards require culture change and it may take a little while before we all know what it means exactly to have “full access to the community” as applied to the many different settings and many different individuals who receive services.

Provider Self-Assessment

Demonstration



- ▶ Let's begin this brief demo
- ▶ First, let me explain how we anticipate that the survey distribution process might go

The Proposed Survey Process

- 🌸 Receipt of survey instructions with worksheets
- 🌸 Print out or use electronic version of worksheets
- 🌸 Complete the survey using the worksheets
- 🌸 Receipt of link to the electronic survey
- 🌸 When finished with worksheets, enter the worksheet information into the electronic survey and upload attachments



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- ▶ This project is being continuously updated and even since March 25th, we have changed the process a bit.
- ▶ The proposed plan – and this is all subject to change further based on your feedback and input – is that each setting will receive an email (or a snail mail, if needed) with attachments of
 - ▶ The survey instruction manual
 - ▶ And the embedded worksheets (we will look at them in a minute)
 - ▶ In order to reduce the number of documents providers will have to handle, we have now embedded the worksheets into the instructions. Your facilitators have a couple copies of the proposed instruction manual template.
- ▶ The individual responsible for the setting will use the worksheet to think through how to answer each question – which means thinking through whether the setting is compliant or not compliant.
- ▶ Thereafter, or perhaps contemporaneously, the setting will receive the link to the electronic survey and would then enter the answers electronically and upload the attached documents evidencing compliance.
- ▶ You might ask – well, doesn't this mean we are answering twice?
- ▶ I think you will find it helpful to have the worksheet to work through with others in the agency or at the setting before entering final answers to submit. In addition, it will be helpful to keep track of the policies, forms, etc that need to be uploaded.
- ▶ When I did this survey, I had to really think through our policies, our processes and our daily practices and really reflect on the standards before I could truly answer that we were compliant or not – because in some instances, it is not a black and white answer. And that is what makes this task hard for all stakeholders, including DHHS.

The Electronic Survey



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- ▶ Let's start with looking at the electronic survey instrument
- ▶ You have a copy of the template in your handout – it should be the first document after the slides.
- ▶ The template is a print out of the survey, it looks a little different on the screen when you open it up because we tried to make it as user-friendly as possible by building in skip patterns that will direct you to what you must answer based on your initial answer of “Fully Compliant” or “Not Fully Compliant”

The Worksheet

Question #1

🌸 Answer as both compliant and non-compliant



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- ▶ I answered Question #1 on the survey – which is a “core” standard that all settings will have to comply with – both as “Fully Compliant” and as “Not Fully Compliant”
- ▶ Let’s open the Worksheet and look at each answer briefly. You have a copy in your handout.
 - The first question, taken directly from the federal standards, is a very broad one:
 - I first answered as “compliant” –
 - And then I answered as “non-compliant”
- ▶ Again, these answers are just an example of how a provider might respond and what could be attached as evidence or submitted as a plan of compliance.
- ▶ Looking at the “Non-compliant” response, I see that my programming does not include sufficient resources for linking residents with competitive employment services, so how can I fix that? I may be asking residents if they need or want employment services, but there is a gap in the follow up and in outreach to the community.

Fully Compliant *vs.* Not Fully Compliant

Why not “Partially” Compliant?



- ▶ There was thoughtful discussion about this. And very smart and reasonable minds can differ on this issue.
- ▶ Ultimately the State of Maine is accountable to the federal government to have all providers fully compliant. No one gets “partial credit”.
- ▶ It is best for providers and for DHHS to focus on the ultimate goal: becoming fully compliant by March, 2019.
- ▶ Providers may find that they are, indeed, mostly compliant and DHHS will be able to tell that from the survey responses because of a few things:
 1. Your evidence of compliance will be strong and consistent and available for review
 2. For those areas where there isn’t full compliance yet, the plans of compliance will be straightforward and minimal (in the language of the survey, there will be mostly “technical

What are Other States Doing?

Maryland

Please choose the one answer—by filling in the circle—that reflects what is typical of this provider.

10. People who are served at the setting include:
- ☐ Only people with disabilities
 - ☐ The majority of the people have disabilities, but not all
 - ☐ Very few people have disabilities
11. Does the setting serve people with a specific type of disability only? (For example, only those with dementia are served.)
- ☐ Yes
 - ☐ No
12. Approximately what percentage of individuals are employed?
- ☐ Less than 10%
 - ☐ 10 – 25%
 - ☐ 26 – 50%
 - ☐ 51 – 75%
 - ☐ 76 – 100%
 - ☐ Don't know



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- ▶ As a comparison, here is Maryland's proposed survey. As of December, they had not yet sent it out, so perhaps they have revised it.
- ▶ First, not all of the "yes" answers mean compliance, so that in itself can be problematic for the responder. And for those questions that a setting answers that it is compliance, there is no requirement for providing evidence. This takes much of the integrity out of the process because there is no way to verification of the responses short of going on-site and asking to see the policies and observing daily life.
- ▶ That on-site WILL be part of the process from some settings, but there isn't time to do them all. Yet, there does need to be some verification built into the survey process.

At the Other End of the Spectrum

New York

Section 5: Relationships

Standard 5: Residential staff facilitates and supports the person to pursue and maintain relationships that are important and meaningful to him/her.				
Criteria	Criteria Met	Information Sources (Select all that apply)	Rationale/ Comments (Describe findings contributing to yes/ no criteria)	Ref. Page
5a. The person is <i>encouraged and supported</i> to foster and/or maintain relationships that are important and meaningful to him/her.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSD) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		33
5b. The person <i>regularly</i> interacts with people who are important to him/her (who are not paid to spend time with him/her) and he/she is satisfied with the type and frequency of interactions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSD) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	14	33

- New York blended the provider self-assessment with a tool that could be used by individuals also. And while they did ask for a narrative explanation of compliance, they do not ask for evidence, nor do they ask for a plan of compliance if the criteria are not met.
- Again, how would the state verify the honesty of the answers provided by the setting without asking for some evidence?

Can We Find the Best Combination of Survey Attributes?

- 🌸 To encourage reflection
- 🌸 To encourage candor
- 🌸 To give evaluators enough information
- 🌸 To be expedient



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- ▶ The process should:
 - ▶ Encourage thoughtful reflection on a setting's current and proposed policies and practices for full, meaningful compliance
 - ▶ Encourage candor
 - ▶ Provide sufficient information to assess a setting's state of compliance and plan for compliance
 - ▶ Be appropriately "easy to use" for both the providers and the evaluators

We Will Not Finish Today...

Options for continued discussions:

- 🌸 Interim meeting in mid-April (less formal)
- 🌸 Call-in session
- 🌸 Send questions/comments to HCBS email
- 🌸 Other ideas – mention in your work group



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Please discuss in individual groups what ideas you have for continued discussions about the survey process.